



## Suffolk County Department of Social Services

### SHELTER SUPPLEMENT THIRD PARTY

### CONTRIBUTION/RELATIONSHIP STATEMENT

*This form must be completed by any individual who is required to contribute towards the shelter costs or who agrees to do so voluntarily.*

Client Name:		Case Number:	
<b>CONTRIBUTION DECLARATION</b>			
Proposed Address where I agree to make a rent contribution:	Street Address:		
	City/Zip Code:		
Name of person contributing (please print):			
Telephone number: (    )			
Contributor Address			
<input type="checkbox"/> I will not be residing in the proposed address where I agree to pay this amount monthly, directly to the landlord on behalf of the named household.		Amount of monthly contribution:  \$ _____	
<input type="checkbox"/> I will be or am currently residing in the proposed address and agree to pay my pro-rated share of the total shelter costs directly to the landlord. SSI recipients pay their pro-rata share or 30% of their gross income, whichever is less.  <u>Example:</u> In a household of 5 where 4 persons are on Temporary Assistance and 1 person is not on Temporary Assistance (NTA). The NTA person is responsible for 1/5 of the total shelter costs and the TA members are responsible for 4/5 of the total shelter costs)			
<b>ATTESTATION OF RELATIONSHIP TO HOUSEHOLD MEMBERS</b>			
I am related to one or more of the household members:    Yes <input type="checkbox"/> No <input type="checkbox"/>			
If the answer to the above question was YES, list all individuals who will be living in this household to whom you are related here:			
Name: _____		Relationship: _____	
Name: _____		Relationship: _____	
Name: _____		Relationship: _____	
<b>I attest that I have sufficient income available to me to make the monthly contributions indicated above and I understand that I must provide verification of my source of income when requested by the Suffolk County Dept. of Social Services. I further attest that all the information I have provided on this form is true and accurate.</b>			

Contributor Signature: \_\_\_\_\_

Date: \_\_\_\_\_